CTATE OF MADVIAND CEDTIFICATE OF DEATH

	OF DEATH		Hq.	
County	marly	2	Registration Dist. No. 104	
Village of	r City My ML	To-	NoSt., Wal	
Length of	residence in city or town where	death occurred we	(If death occurred in a horpital or institution, give its NAME instead of street and number)	
	0	A L	nos ds. How long in U. S. if of foreign birth? yrs. mos.	
2. FULL N	IAME ON	Tour Y	Sicological	
(a) Resid	ience: No.	16 17-11	St., Ward.	
PERSO	ONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
7	Me	OR DIVORCED (write the word)	7 - 4 - 103 44	
5a. If married, wid	dowed, or divorced		(Month) (Day) (Year)	
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased fro	
		1 - 1	7 - 2 - ,19.54, to 7 - 2 - ,19.54	
6. DATE OF BIRT	H (month, day, and year)	1-13-33	I lest saw h da alive on 1934 death is sa	
7. AGE	Years Months	Days If LESS than		
	9	1 day,h	ware as follows.	
8. Trade, pro	ofession, or particular of work done, as SPINNER.		Date of one	
SAWY	ER, BOOKKEEPER, etc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	acute melinister: Vita	
9. Industry o	or business in which was done, as SILK MiLL, MILL, BANK, etc		This was I testinal indigestion	
	WILL, BANK, etc eased last worked at	11. Total time (years)	- Cure D	
(1112 00	cupation (month and	spent in this	.0, 4	
,,,,	X	C occupation	Other Centributery Causes of importance:	
12. BIRTHPLACE (Stete or c		1.6		
	Staling	· Rail		
		1. Survey		
14. BIRTHPLA	CE (city or town)		Name of operation Date of	
	A	0 2	What test confirmed diegnosis? Was there an autopsy?	
15. MAIDEN I	NAME PLOTE	monny	23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLA	CE (city or town)	amu,	Accident, suicide, or homicide? Date of injury19	
(State or country)			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Saily			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	ATION OF PENOVAL			
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Tiace Car	10	190	Nature of Injury	
9. UNDERTAKER	chang h	KILL	24. Was disease or injury In any way releted to occupation of deceased?	
(Address)	Par 1	und,	If so, specify	
20. FILED 7 =	2 - 1984 7	L. Hzor	(Signed) A. J. M.	
			(Address)	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

RGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
944-04-7-4 BLV	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEM	ENTS BY	PHYSICIAN
-------------------------	--------------	---------	-----------

1. PLACE OF DEATH County Charles	(9)
County Thanks	
County Continue Conti	Registration Dist. No. / Q
Village or City Marbury	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ochre), Se	ruf
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Oct 11, 1933 7. AGE Yeers Months Deys If LESS than 1 dey,hr: ormin.	i last sew h alive on, 19; deeth is said to heve occurred on the dete stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The at frostration:
10. Date deceased last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) Olscelle & Mad	Other Cantributory Causes of importance:
(State or country)	_
13. NAME Crutal Servi	
13. NAME Crutol Session 14. BIRTHPLACE (city or town) Office (State or country)	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Selice Scarfor Proto 16. BIRTHPLACE (city or town) Olus Cy. Ord (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Dalia Jaylor (Address) Marlured Mul.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Harway May Dete July 2.1934	Manner of injury
19. UNDERTÄKER CEREWA Skieffin	24. Wes disease or injury in eny way releted to occupation of deceased?
20. FILED July 2., 1934 Mary Surtherland Local Registrar.	(Signed) M. D. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis July 5.1927 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE O	F MARYLAND—CERTIFICATE OF DEATH	0700

1. PLACE OF DEATH				
County Charles.			Registration Dist. No. / O	J
Village or City Foucaster,			NoSt.	Ward
Length of residence In city or town whera	death assumed		death occurred in a hospital or institution, give its NAME instead of street and	
01/-	daath occurred	yrs	ds. How long in U.S. If of foraign birth?yrsm	osas.
2. FULL NAME Mar	Ma 1	alrry.		
(a) Residence: No.	(Usual place	of shode)	St., Ward. If nonresident give city or town and	S
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH	
Finale Old.	OR DIVORCE	D (write the word)	July 6	, 193 4
5a. If married, widowed, or divorced	2/200	on w.	(Month) (Dey)	(Year)
HUSBAND of Med 1	Berry.		22. I HEREBY CERTIFY, Thet I attended	deceased from
	111 10	1~1	, 19, to	, f9
6. DATE OF BIRTH (month, day, and year)			I last saw h aliva on, 19	; death Is said
7. AGE Yaars Months	Days	If LESS than f day,hrs.	to have occurred on the data stated abova, at	
18		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER,	House	este.	Urteriosclerosis.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decaasad last worked at this eccuration (month and	~	4		
work was dona, as SILK MILL, SAW MILL, BANK, atc				
10. Date decaasad last worked at this occupation (month and	1f. Total t	time (years) int in this		
yaar)		upation	Ohn Carlana Carlana di Santana	
12. BFRTHPLACE (city or town) Chic	volve Ce	T.,	Othar Contributory Causes of importance:	
(State or country)	n	rayland.		
13. NAME Sampson	lleomar			
13. NAME Sampson C	learle (Dr. Ord.	Name of operation Date of	
(State of country)			What tast confirmed diagnosis? Was there an a	
15. MAIDEN NAME Mary Newton,			23. If death was due to external ceuses (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Olarle O. Ind.			Accident, suicida, or homicide? Date of injury	
(Stata or country)			Where did injury occur?	
17. INFORMANT Buy. Thomas,			(Specify city or town, county and State Spacify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Addrass) Grolifon	Head	and,		
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Placa Dancaster XId Date July 8, 1984.			Nature of Injury	
19. UNDERTAKER Stanly Venny,			24. Was disease or injury In any way related to occupation of deceased?	No
(Address) / Rhyak Mid.			If so, specify	
20. FILED July 7, 19 7 & cl of Thompson Registrar.			(Signad) Swyl C. Wiellrull (Addrass) (Marbury, Mo	M. D.
16	4	11 C. p.	W. C. L. C.	

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earcfully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	07064

1. PLACE OF DEATH	<u> </u>
County Charles	Registration Dist. No. 105
Village or City Pomfret	NoSt.,Ward
1/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillbarn Brau	um es /
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
F. Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) July 7, 1934	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Detectioned.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Stilleborn
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) . Com fret	
(State or country)	
13. NAME James a. Johnson	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
H 700	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT des Brawner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Panifret. The	
Place of July Komphbate July 8 1934	Manner of injury
L'and Business	Nature of Injury
19. UNDERTAKER OF Drawner (Address) Panket, Md	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED July 8 1924 Mrs. Jeremiah J. Mude	(Signed) Mrs. Jeremisk J. Mudd M.D.
Registrar.	(Address) Comfret Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CERTIFICATE CERTIFICATE	E OF DEATH CLASS NO.
DISTRICT OF	COLUMBIA No. OF RECORD
EUL LINSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLA	INK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE
PLACE OF DEAPH: No. Marke	Street, Section.
Name of Hospital Mending 2. FULL NAME To apply the	Duration of residence therein
(a) Residence, No. (Usual place of abode)	Street (If nonresident, give city or town and State)
Length of residence in D. of C., mos ds. Ho	w long ln U. S. If of foreign birth? yrs mos ds.
3. SEX: 4. COLOR OR RACE: 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): 5A. If married, widowed, or divorced, HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sel. 24, 1905 7. AGE: Years Months Days If LESS than 1 day	
	HIS IS A PERMANENT RECORD. Every item of informa-

Diled 7-30-34. O. L. Hagel. 2

F 7 H. D. C.

INSTRUCTIONS RELATIVE TO THE ISSUANCE OF DEATH CERTIFICATES

1. Certificates should be filled out in ink, and should, as far as possible, contain all information called for.
2. Certificates which bear evidence of unauthorized alterations, or which are in any other manner materially defective, can not be admitted

2. Certificates which bear control bear control of a physician, or when it is believed or known to have been due to other than natural causes, or when either the cause of death or the identity of the deceased is unknown, the death certificate must be signed by the coroner before a hurial permit can be issued.

before a hurial permit can be issued.

ural causes, or when either the cause of death or the identity of the deceased is unknown, the death certificate must be signed by the coroner befor a unit permit can be issued.

With permit can be issued.

But the coroner can be issued.

But the coroner permit can be issued by the party responsible for them.

But the coroner permit can be issued.

But the coroner permit can be issued by the party responsible for them.

But the coroner permit can be issued.

But the coroner permit can be permit can be included and in the party responsible for them.

But the coroner permit can be permitted in the space below, and sould be dated and signed by the party responsible for them.

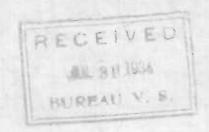
But the coroner permit can be permitted in the space below, and sould be dated and signed by the party responsible for them.

But the coroner permit can be permitted in the space below, and sould be dated and signed by the party responsible for them.

But the party responsible

WM. C. FOWLER, M. D., Health Officer.

REMARKS



Extracts from "The Code of Law for the District of Columbia, enacted March 3, 1901, amended by the Act approved June 30, 1902, relating to Cemcleries and the Disposal of Dead Bodies."

SEC. 675. That no dead body of any human being, or any part of such body, shall in said District be removed from place to place, Interred, disinterred, or in any manner disposed of without a permit for such removal, interment, or disposal grauted by the health officer of said District, nor otherwise than in accordance with the terms of said permit; permits for the removal, interment, or disposal to be issued upon the presentation of a proper death certificate signed by a physician registered at the health department of said District, who has attended the deceased during his or her last illness, or by the coroner of said District or his deputy, or by the proper municipal, county, or State authorities at the place where the death occurred.

SEC. 677. That it shall be the duty of any person or persons having custody or control of the dead body of any human being, or any part of such body, to report in writing, or cause to be reported in writing, to the health officer of said District within forty-eight hours after the death of the decased, the name of said deceased and the location of the body or part thereof.

SEC. 683. That it shall be unlawful for any person or persons to cremate or otherwise destroy the dead body, or part of the dead body, of any human being in said District before the issue of the burial permit by the health officer of said District, and then only when said permit is countersigned by the coroner of said District authorizing such cremation or destruction. It shall be unlawful for any person or persons to cremate or otherwise destroy the dead body, or part of the dead body of any human being in said District within four hours after death or perfore the issue of the death certificate; and in case the death is believed to be due to other than natural causes, or the approved by the coroner of said District.

Office Hours.—The Health Department is open for the issuance of burial permits, the receipt of complaints, and the transaction of any urgent business, from 9 o'clock a. m. until 11 o'clock p.

PHYSICIANS should state

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(942)
county Charles	Registration Dist. No. / 57
Village or City Welcome md	No. St War
Length of residence In city or town where death occurredyrs	(If death occurred in a hospited or institution, give its NAME instead of street and number)
2. FULL NAME George Franci	nd st., Ward.
(a) Residence: No. (Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDO OR DIVORCED (qurite the	WED, word) 21. DATE OF DEATH (Month) (Day) (Year)
a, If married, widowed_or divorced	0 0
(or) WIFE of Rosie Maggie dee 12	22. I HEREBY CERTIFY, That I attended deceased fro
2018	7 \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS	
1 D 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	nin. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sudden -
Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Caranary Schrosis
this occupation (month and year) year)	Corontag Occlusion
al a Ca had	Other Contributory Causes of importance
2. BIRTHPLACE (city or town) (State or country)	
13. NAME GROUP Brown	
61 5- 40-1	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME S CARAL Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Brown 16. BIRTHPLACE (city or town) Char G Mod	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT ade Boarman (Address) La Plata ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Mc Conclue md Date July 13.	Manner of Injury Neture of injury
9. UNDERTAKER Penny 3rd Cofer. (Address) Was an Spran no	24. Was disease or injury in any way related to occupation of deceased?

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREA CONTRACTOR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

1. PLACE OF DEATH	OF WAR	I LAND	B 07067
County Che	volue		Registration Dist. No. / D¥
Village or City Mt. V	ictoria		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	yrsmos	s. ds How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME	m	Low	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		The second second second	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 7 - / Z - 193 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of			
(or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	7-12	- 34	
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	1	ormin.	were as follows: Date of onse
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.			Lanken
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total ti spen occu	ma (years) It in this pation	
12. BIRTHPLACE (city or town) (State or country)	nd.		Other Coutributory Causes of importence:
II 13. NAME PORILL /2	mon	,	
13. NAME 2022 72 14. BIRTHPLACE (city or town) (Stata or country)	nd.		Nama of operation Dete of Was there en au'opsy?
当 15. MAIDEN NAME	· The	344	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	md.		Accident, suicide, or homicide?, 19, 19
State or country)			Where did injury occur?
17. INFORMANT (Address)			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury
Place 7 M	Date	12-,19.54	Nature of injury
19. UNDERTAKER ELICAR & R.V. R.V. R.V. R.V. R.V. R.V. R.V. R			24. Was disease or injury in any way related to occupation of deceasad?
20. FILED 7-12-, 19 34	7.2.7	Registrar.	(Signed) A M. (Address) M.
If mor	re blanks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

"Franchis"	DDITIONAL SPACE F	FOR FURTHER STA	TEMENTS BY PHY	YSICIAN	
- What	A A	J. Carley	solnes "	a series	
	U				

LION

V. S. No. 1

state infor-

plnods

S

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
tones	May 1,1923	Gastroenteritis	1 year

TATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(9)
County Clearles		Registration Dist. No. / 0-0
Village or City La Ost	ala,	No. St. Wa
Length of residence in city or town where d	- (I	If death occurred in a hospital or institution, give its NAME instead of street and number)
ma-	A Le /	sds. How long In U.S. If of foreign birth?yrsmos
2. FOLE NAME	O. Dashin	all,
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
Jemale Hila	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced	2 21 4 2	
(or) WIFE of late John	M. DE dashnut	I HEREBY CERTIFY, Thet I attended deceased from 1937, to 193
6. DATE OF BIRTH (month, day, and year) /8	51-3-31.	I lest saw h Ser elive on July 9 19.3 / deeth is se
7. AGE Years Months	Deys If LESS than	to have occurred on the dete stated above, a 2130 A.m.
83 3	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nonex	Date of ons
✓ 1. Industry or business in which		
work wes done, es SILK MILL, SAW MILL, BANK, etc		Carle of the Control
10. Deto deceesed last worked et this occupetion (month end year)	11. Total time (years) spent in this occupation	July 1
12. BIRTHPLACE (city or town)	end lea.	Other Contributory Causes of Importence:
(State or country)	my land	1 / some Many 13
13. NAME Walter &	good	- Jack Jack L. J. Who
13. NAME Practice & 14. BIRTHPLACE (city or town) - Carry (Stete or country) Man	all fles.	Name of operation
15. MAIDEN NAME Julia Gran	A forsether.	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Julia Curs 16. BIRTHPLACE (Eify or town) 44	ward Keo.	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
(Stete or country)	earland.	Where did injury occur?
17. INFORMANT Jolen M. (Address)	De Kashmutt	(Specify city or town, county and State) , Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	mederick med	Manner of injury
Plece Mt, Clarit Coes	10 July 11-1934	Neture of injury
19. UNDERTAKER 6. M. Sta	ks, I	24. Was disease or injury in any way related to occupetion of decessed?
20. FILED July 9 193 X	ille Mase	(Signed)
The state of the s	Registral.	(Address) I How all alle 2011.

V. S. No. 1

-WRITE PLAINLY, WITH

N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

RGIN RESERVED

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN
---	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
annie ar v. S			
Other contributory causes of importance:		Other contributory causes of importance:	HILAGE
Gallstones	May 1,1923	Gastroenteritis	1 year

W:			0.0
5	PLACE-OF DEATH	STATE OF M	IARYLAND
Cour	nty Marles	95-6 CERTIFICATE	
Cour	St. a a A D	Registration	Dist. No. 108 To)
Villa	age or City No.	St; Ward)	[It death occorred to
	2 FULL NAME Homos from	e Stedening	a hospital or institution, give its NAME instead et street and number.]
3 SE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	MARRIED,	16 DATE OF DEATH CILLY	20 1013
. 101	hall Which OR DIVORCED (Write the word)	Mont	
DA DA	TE OF BIRTH	100	attended deceased from
certificate PV e DV	(Month) (Day) (Year)	that I last saw h alive on	deark 191
TAG		and that death occurred on the date	stated shove at 800
pack	770 6 mos. 28 ds. OR min. ?	The CAUSE OF DEATH & was as foll	
2 000	CCUPATION) Trade, protession, or		
bat bat	ricular kind et work		
bus) General nature of industry siness, or establishment in	/Buration)	yrs. mes de
9 81	ich employed (er employer)	Contributory Cardel	
	(State or country)	Secondary	
	10 NAME OF GRAPA - A	(Signed) 9. O. Mo	71 2 2
S	11 BIRTHPLACE	ne o	ed al zil
2	OF FATHER (State or country)	State the Disease Causing Death, Causes, state (1) Means or Injury; and	or, in deaths from Violent
AB	12 MAIDEN NAME OF MOTHER TO GARAGE	Describab of TinalCloxic	V
٥	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALI	S. INSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country)	At place in it of deathyrs	hs ile,vrs, mae de
Z 14 TH	LE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) heales totaming	Former er	P0000000000000000000000000000000000000
	(Address) Walderf Zud	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	(ABUTESS)	St Peters	July 23, 30
File	ghely of 1934 on. S. morers	20 UNDERTAKER	ADDRESS
1	REGISTRAR	I enel & Pyon	Walder

If more blanks are needed, address State Rogistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING A PERMANENT

THIS IS

UNFADING

MARGIN

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill, (a) Salesman, (b) (inocery; (a) Foreman, (b) Autoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eign, Compositor, Architect, Locomotive engineer, engineer, Stotionory fireman, etc. But in many applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from Civil

unqualified. is indefinite); Tuberculosis of lungs, menin-Lohar pneumonia. Bronchopneumonia ("Pneumopia," spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); CAUSING DEATH (the primary affection with respect to ever (the only definite synonym is "Epidemic ecrebro-Statement of Cause of Beath-Name, first, the DISEASE and causation), using always the same accepted the same disease. Examples: Cerebrospinal

> and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) Struck by railway train—accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Purprenal septichaemia," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic) "Attrophy" "Cal chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonacum, etc., Corcinoma, Sorcoma, etc., of . . "Old Age," "Shock," "Uruemia," "Weakness (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" carbolic acid-probably State cause for which Never report mere punou ("Con-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. if this certificate is looked over thoroughly and all ques-

5

H TO THE SHEET HERE	0/0/2
PLACE OF BEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County MMM	CERTIFICATE OF DEATH
	Registration Dist. No.
1 Landold	registration Disc No
Village or City Williams (No.	St;
- A	a hospital or institu- tion, give its NAME in-
Marie Mest	stead of street and number.)
² FULL NAME / / / / CO	and any of the second s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 July 28 34
WIDOWED WIDOWED	(Month) (Day) (Year)
Male (Write the word) // Ce	17 I HEREBY CERTIFY, That I attended the decaused from
6 DATE OF BIRTH	
1/61/1 21 223	
MONE 21 1933	that I last saw halive on, 192,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE	0.0
// 5 / I dayhrs.	The CAUSE OF DEATH & was as follows
yrsmosds.or min.?	summen crouple;
8 OCCUPATION	it was intestinal indicestion, cure
V .	
business, or establishment in	(Duration) yrs. mos. / O ds.
which employed or (employer)	
9 BIRTHPLACE	Contributory
war usand	there was no Tulician in
10 NAME OF	ally rolance 1 , sel 1-8 1-
FATHER CLASHI TOUR	(Signed) I'm I marker regular legular
o work of the	July 25 4 1903 (Address) Toncaster Mid
	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal,
12 MAIDEN NAME OF MOTHER	
a vouse Stair	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE	At place In the
	of death yrs mos da. State, yrs mos da.
	Where was disease contracted, if not at place of death?
XAD AD A XAD AND A XAD A	Former or
(Informant) VIIIES NAMES	usual residence
Manually Dud	19 PIACE OF BURIAL OR REMOVAL CATE OF BURIAL
(Address) Monsified Mid	11.0.00
15 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	July del. 19.3.4
Filestury 38 1974 John & Maddot	20 UNDERTAKER ADDRESS
Registrar	Harris During Make in SM
- () yoully	o wyne wyner promisers my
tr more blanks are needed, address State Registrar.	16 W. Saratoga St., Belto., Requesting V. S. No. 1.
	OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 16 LESS than I dayhrs. 16 Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REAT OF MY KNOWLEDGE (Informant) (Address). (Address)

(Approved by U. S. Census and American Public's, Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive at en at home, who are engaged in the duties of the worked on may form part of the second statement: Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the nisease causing Death, Housemaid, etc. If the occupation has been changed' to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Women Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locamotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the insergence causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ary). 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicinal, or Homicinal, or taken. For violent neaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childhirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage." "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senilc," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely chusing death). 29 ds.; Bronchopneumonia stated unless important. Chronie interstitial nephritis, etc. The contributory use of "Tumer" for malignant neoplasms); Measles, (mame origin; "Cancer" is less definite; avoid inges, peritonucum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (c. g., sepsis, tetanus) may be stated under the Example: Measles (disease Always qualify all (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	
County Cleaner	Registration Dist. No. 108
Village or City Any audo con	No. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	s. ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME William Samuel X (a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH lung 5
	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marche Rung	22. I HEREBY CERTIFY. That I attended deceased from 20,1954 to Jensey 3, 19,3%
6. DATE OF BIRTH (month, dey, and year) 2 3 /864	I last sew h allve on 20 19 / ; deafh is said
7. AGE Years Months Days If LESS than 1 day,hrs.	fo have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, Fashers, SAWYER, BOOKKEPER, etc.	Endoras ditir (chronec) Jan 19
yaar) /937 occupation /937	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	Rhousenoles
14. BIRTHPLACE (cify or fown) (Sfete or country) Lehen Low Mr.	Nama of operation Data of Data of Was fhere an autopsy?
15. MAIDEN NAME Voca acere Bretton 16. BIRTHPLACE (cify or town) (Stafe or country) 17. INFORMANT Harry Ly (Address)	23. If daeth was dua fo exfarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Apures, MA Date 7/5/34,19	Manner of injury
19. UNDERTAKER & 12. June 19. UNDERTAKER (Address) 20. FILED 7/5/3 4, 19 Eas Chaffeliar Registrar.	24. Wes disease or injury in any way ralated to occupation of deceased? If so, specify (Signed) Horny C - Chaptel M. [(Address) Horny has all 2004

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AIG 7 3504			
Other contributory causes of importance:	Į.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mportan

16

Cour	PLAGE OF DEATH	
	near halds	2/(No=
	2 FULL NAME	plrester
	PERSONAL AND STATIS	TICAL PARTICULA
3 SE	4 COLOR OR RACE	6 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)
8 DA	TE OF BIRTH	auten
	(Mor	th) (Day)
7 AG	E V6 yrs.	th) (Day)
(a) (b) (b)	26	th) (Day)
pai (a	yrs	mosds.
pai (a) pai (b) bus wh	CCUPATION 1) Trade, profession. er Titicular kind of work) General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER	mos. ds.
pai pai wh	CCUPATION Trade, profession, er ricular kind of work General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) INDIANE OF	mos. ds.
par (a par wh	CCUPATION 1) Trade, profession. er Titcular kind of work 2) General nature of industry Siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	mos. ds.

STATE OF MARYLAND CERTIFICATE OF DEATH

(210-m

Registration Dist. No.

0 5

St:----Ward)

If death occurred to a hospital or institution, give its NAME instead of street and number.

MEDICAL CERTIFICATE OF	DEATH	
16 DATE OF DEATH Oul	3	1034
(Month)	(Day)	(Year)
17 I HEREBY CERTIFY, That I atten	ded decea	sed from
July 3 , 1913 4, to Jul		
that Wast saw h alive on	3	19134
and that death occurred on the date state	befores	1238
The CAUSE OF DEATH * was as follows:	a above, a	
1		
- Fraction of Deer	0.0	***********
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	********************	-4
	**************	*************

(i				
July 3	183 4	(Address) 77	2 2 6.1.21	1 held
State the	DISEASE	CAUSING DEAT	m. or, in death	is from VIOLENT
CAUSES, State	(1) MEAN	S OF INJURY;	and (2) wheth	her ACCIDENTAL,

SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS,

OR RECENT RESIDENTS)	
At place	In the
of death yrs. mos. ds.	State,premasdi
Where was disease centracted,	1 / 1/ 10
Where was disease centracted, if not at gisca of death ? On State & Former or	out 2/2 miles south-eas
Former or	of Walders mid.
usual residence Washington .	Q.C. Cwen

19	PLACE	OF	BURIAL	OR REMOVAL	DATE OF	BURIAL
	7/				11 0	-

20 UNDERTAKER

Contributory Secondary

(Sign

Marks Ward

If more blanks are sended, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

LESS than hrs.

mia. ?

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing Death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Deder," etc., without more mill, (a) Salesman, (b) Crocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menindonialified. is indefinite); Tuberculosta of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal seplichaemia," "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which carbolic acid-probably "Atrophy," "Colimportant. ("Con-

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	nould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
CTLY. P	. Exact
ed EXA	lassified
d be stat	roperly c
E should	nay be p
lled. AG	that it n
gdus diu	erms, so
be caref	n plain to
pinode	EATH !
rmetion	SEOFD
n of infe	T'CAU
very iter	hould st

' PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
7/.0	Registration Dist. No. / / 5
Village or City Welcome (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME // Aly	Thense of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Which Single Marrie Moower Words Williams OR OLVORED (Write the word)	16 DATE OF DEATH (Month) (Uay) (Year)
6 DATE OF BIRTH	17 Of HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE	
5 9 yrs 0 mos 6s OR min.?	The CAUSE OF BEATING was a Sure above, at //
8 OCCUPATION (a) Trade, profession, er particular kind of work	Couces of liver
(b) General nature of industry business, or establishment in which employed (or employer)	(Burelion) Jyrs. Mes.
BIRTHPLACE (State or country)	Contributory & workinge
10 NAME OF R. Welch	(Signed) G. O. Montes 7. 18.
U BIRTHPLACE OF FATHER (State or country)	*State the DISPARE CAUSING DEATH, or, in deaths from Vidlent
I 12 MAIDEN NAME	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.
of MOTHER Mary C. Mallings	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHFLAGE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the of death
13 BIRTHFLACE OF MOTHER (State or country) 14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the of death yrs
13 BIRTHFLAGE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place is the of death
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEGGE (Informant) The Company of the country of the c	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place is the of death yrs. mos. ds. State, yrs. mos. di Where was disease contracted, if not of place of death? Former or supplied to the contracted of the

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement Never return "Laborer," "Foreman," "Manager," "Benler," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill, (a) Salesman. (b) 'roccery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the bisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menindentified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association) and consequences (e. g., sepsis, telanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means or injury and qualify as accidental, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanttion," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness." "PUERFERAL perilonitis," etc. State cause cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. eough; Chronic valuular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," "Senile," etc.), The contributory (secondary or intercur-Never report mere mound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

	nfor-	state	UPA-	
1	of i	plu	1000	
	item	sho) jo	
	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RD. I	YSIC	state	1
	ECOI	PH	xact	
	H LN	LY.		
Main MESERVED FOR DINDING	ANE	ICT	ssified	
7777	ERM	EX	cla	e.
71/	A P	ted]	perly	TION is very important. See instructions on back of certificate.
F	SIS	sta	pro	cert
1	HIS	be	be.	jo :
717	KIT	pinou	may	back
COL	NI T	GE S	nat it	no si
4	DING	V V	so th	ction
1501	NFA	plied.	rms,	instru
	H	sup	in te	See
	WIT	efully	in pla	int.
	ILY,	e car	TH	porta
	LAIN	ld bi	DE/	ry im
	E P	shou	OF	s ve
	RIT	tion	USE	ON is
	11	ma	CA	TI
1	2			

5a. If married, widowed, or divorced HUSBANA of (or) WIFF	10 10 22
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFF	St., Ward of street and number)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFD of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. or	
OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFD of (or)	DEATH
HUSBAND of (or) WIFD of (or) WI) Day) (Yest)
7. AGE Years Months Days If LESS than 1 day,hrs. ormin. to have occurred on the date stated above, et. 3-4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Impure as follows:	
& Trade profession of particular	, 19; death is sale
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. F. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation Other Contributory Causes of importance:	ed under & hi
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis?	Date of
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also Accident, suicide, or homicide? Accident. Dete of in (State or country) Where did injury occur?	injury, 19
Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or I (Address) Specify whether injury occurred in INDUSTRY, in HOME, or I facility whether injury occurred in INDUSTRY.	In PUBLIC PLACE.
Place Place Date Date Manner of Injury Head atouck telephone of Nature of Injury Front word akes 20.	ioldes.
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of the second s	deceased?
20. FILED 7 7 8 7 (Signed) (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	my si L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nnining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of of importance were as a Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	12102-421				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

1. PLACE OF DEATH County Cleaners		Posietosti va Divi	100
Village Dr City Bry and		ND. f death occurred in a horpital or institution, give its NAME in	St., Ware
2. FULL NAME 7 (a) Residence: No.	Qualplace of abode)	St., Ward. If nonresident give	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY,	That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 2	Days If LESS than 1 day,hrs.	I last saw h alive on to heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes o were as follows:	m.
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this society and the society a	marannus (conly	nd'Soi
12. BIRTHPLACE (city or town) Brey see (State or country) Lee	show.	Other Contributory Causes of Importance:	
14. BIRTHPLACE (city or town) Management (State or country)	port-	Name of operation	
15. MAIDEN NAME Elogaber 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT James T (Address)	homes	23. If death was due to external causes (VIOLENCE) fill In Accident, suicide, or homicide?	of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place	Date Juney 9 , 1954	Manner of Injury	
19. UNDERTAKER Aderican ~ (Address) Pry and C 20. FILED JULY 8, 1934 0	ally Cowling Register.	24. Wes disease or injury In any wey releted to occupation If so, specify (Signed) Koory C. Chapter (Address) Hearth and	n of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
			1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAN 1. PLACE OF DEATH County Village or City Length of residence in city or town whare death occurred	Registration Dist. No. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? St., ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the well) 5a. If merriad, widowed, or divorced HUSBAND of (or) Wife of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended decassed from
	10 to
6. DATE OF BIRTH (month, day, end year) 7 - 15 - 3 4	I last saw h eliva on 19 death is sald
7. AGE Years Months Days If LESS 1 day,	to have occurred on the date stated above, at
8. Trede, profassion, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Jodustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked et this occurrent and the company of the second less worked by the second less worked et this occurrent in Months and the second less w	
10. Data decessed lest worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importence:
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(Stele or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If deeth wes dua to axtarnal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Manager Dete 7 7 4 - 16	Menner of injury
19. UNDERTAKER ARTHUR THE CANADA	24. Was disease or injury in any wey related to occupation of decaased?
20. FILED 7 - 14 -, 1954 8. 1. 1. 1. 1964 Registr	(Signed) To la Thy de u' M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S			
Other contributory causes of importance:	10000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Charles	Registration Dist. No. 101
Village or City marlung	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Overt alec. Wel	ch.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Thay gue Wilch	LULY 12 1974 Tuly 18 1984
6. DATE OF BIRTH (month, day, and west) 1869(7)	1.61. 1.1. (h. P. h. 137) R'f
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
6.5-(1) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as fellows: Oate of onset
kind of work done, as SPINNER, Lalorer SAWYER, BOOKKEEPER, etc.	- Johnson January
Kind of work done, as SPINNER, Salver SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this conception).	
2 this occupation (mouth and	
year) occupation	Other Contributory Casse of impertance:/
12. BIRTHPLACE (city or town) Share of Vuck (State or country)	Cec. Ouleretes
I C	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Meenung Ma Oate sturg 11, 1901	Nature of injury
19. UNOERTAKER Scent & Bysle; (Address) Waller & Busle;	24. Was disease or injury In any way related to occupation of deceased?
A STATE OF THE STA	(Signed) Lev. O. Wichiell M.D.
20. FILEO MAY 1 1934 Mary Sunthlyma Frai Registrar.	(Address) Mashing, Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street. Ballimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 N. B.—V

	CERTIFICATE OF DEATH 07980
1. PLACE OF DEATH	1442
County Chyrty	Registration Dist. No. 100
Village or City Company	No. St., Ward
Length of residence in city on town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth?yrs,mosds,
2. FULL NAME Codina D 9	11.77
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. ST	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Burgie Willott	
(or) WIFE of	1 HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 16, 1899	Wast saw hand alive on frily My 1984; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: A tornarhage Busing Date otonset
8. Trade, profession, or particular kind of work done, as SPINNER, Assertion SAWYER, BOOKKEEPER, etc.	Labor + mothery
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	allute from my
S. Islae, profession, or particular to the kind of work done, as SPINNER, the sawYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) lar Grange Co. (State or country)	Other Coutributory Causes of Importance:
E 13. NAME Sayh Hand	
E	
14. BIRTHPLACE (city or town) Curley (State or country)	Name of operation
# 15. MAIDEN NAME Colfa Prolety	What test confirmed diagnosis?
I6. BIRTHPLACE (city or town) Complex Constitution (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT B. Willett (Address) Populary Mid	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Pauls Cempate July 18, 1934	Manner of injury
19. UNDERTAKER Accused Programme (Address)	24. Was disease or injury In any vily related to occupation of deceased?
20. FILED July 18, 134 M. K. Mohr E. Registrar.	(Signed) M. D. (Address) Address
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(L. SEAU V. S.	2 2 4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	07081

1. PLACE OF DEATH	2.3
County Coloculia.	Registration Dist. No. / 0 &
(4, 00	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Historida hom	odland
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 19 (Year)
5a. If married, widowed, or divorced HUSBAND of	(Tear)
(or) WIFE of hot - manual	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2/19/17	I last saw harmalive on June 5-, 1934; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
/7 1 dey,hrs	mera se follows.
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Luchersandati Perstonites Jan. 3
9 Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) They are low	Other Coutributory Causes of importance:
(State or country) bear. Res mel	Perlmoner Leaburely . Jun 2
13. NAME Donne & Transland	
13. NAME Donnel Transland 14. BIRTHPLACE (city or town) Banganalises (State or country) behave less transland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Of and Colombia	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Of the State of	Accident, suicide, or homicide?
(State or country) (Lange)	Where did injury occur?
17. INFORMANT Dominial Travalland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place shepauloun Date 7/2//34,19	Nature of injury
19. UNDERTAKER L. Janobae (Address) Landauer has	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 7/20/349 En Bhoffeliar. Registrar.	(Signed) Hong & Colongle M. (Address) Lugher were man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	